

Limited Liability Company or Limited Liability Partnership Assumption of Tax Liability/Request for Tax Clearance Certificate

CALIFORNIA FORM

3555L

LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP) NAME		SECRETARY OF STATE FILE NUMBER
		FEDERAL EMPLOYER IDENTIFICATION NUMBER
Date LLC or LLP commenced to do business in California:	Date LLC or LLP ceased or will cease to do business in California:	Latest income period for which a California return has been filed:

The Franchise Tax Board will issue a Tax Clearance Certificate when all taxes have been paid or secured.

Check form filed: ☐ Form 100 ☐ Form 565 ☐ Form 568

Please indicate the status of ANY IRS activity:

Has the IRS redetermined the LLC's income tax liability for any prior year(s) which has not previously been reported to California? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please furnish a copy of the Revenue Agent's Report.</i>	Is the IRS currently examining the LLC or has the LLC been notified of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the years involved:</i> Current Examination: _____ Pending Examination: _____
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**COMPLETE PAGES 2 AND 3 OF THIS FORM FOR AN INDIVIDUAL ASSUMPTION OF TAX LIABILITY.
COMPLETE PAGE 4 FOR A CORPORATION, LLC or LLP ASSUMPTION OF TAX LIABILITY.**

If the Tax Clearance Certificate is to be issued on a taxes paid basis, please check this box. ☐

Supplemental Information. Please furnish the following information if the business carried on in California will be continued by another corporation, LLC or LLP after the taxpayer's dissolution or withdrawal.

NAME OF TRANSFEREE	CALIFORNIA CORPORATION NUMBER OR SECRETARY OF STATE FILE NUMBER OF TRANSFEREE
	FEDERAL EMPLOYEE IDENTIFICATION NUMBER
ACCOUNTING PERIOD OF TRANSFEREE	Section of the Internal Revenue Code applicable to the Transfer of Taxpayer's Business or assets: _____

If the Tax Clearance Certificate is to be mailed to someone other than the Corporation, LLC or LLP listed above, please complete the following: *(A copy of the Tax Clearance Certificate will be sent to the Secretary of State.)*

NAME
ADDRESS

When dissolving a CALIFORNIA DOMESTIC LIMITED LIABILITY COMPANY or LIMITED LIABILITY PARTNERSHIP, surrendering a FOREIGN LIMITED LIABILITY COMPANY or LIMITED LIABILITY PARTNERSHIP or merging a LIMITED LIABILITY COMPANY or LIMITED LIABILITY PARTNERSHIP, mail completed form to:

**ATTN TAX CLEARANCE UNIT
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468**

For more information concerning this form, telephone the Franchise Tax Board (916) 845-4124.

INDIVIDUAL ASSUMPTION OF TAX LIABILITY

LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP NAME	SECRETARY OF STATE FILE NUMBER
	FEDERAL EMPLOYER IDENTIFICATION NUMBER

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above named limited liability company or limited liability partnership.

My net worth (assets minus liabilities) is not less than: \$ _____.

(A detailed financial statement, PAGE 3, is required.)

NAME OF INDIVIDUAL ASSUMER: (Must be resident of California)	SOCIAL SECURITY NO.
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ADDRESS

DATE	SIGNATURE
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FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

FOR INFORMATION CONCERNING COMPLETION OF THIS PAGE, PHONE (916) 845-4124

FINANCIAL STATEMENT FOR INDIVIDUAL ASSUMER

STATEMENT OF ASSETS AND LIABILITIES

ITEM	PRESENT VALUE	LIABILITIES BALANCE DUE	EQUITY IN ASSET
CASH			
BANK ACCOUNTS			
STOCKS AND BONDS			
CASH OR LOAN VALUE OF INSURANCE			
HOUSEHOLD FURNITURE			
REAL PROPERTY			
VEHICLES			
OTHER ASSETS (Describe)			
FEDERAL TAXES OUTSTANDING			
LOANS			
OTHER (Include judgements)			
TOTAL			\$

GENERAL INFORMATION (Please attach additional schedule[s] if necessary.)

Net Annual Income	Source (Name of Business or Employer)
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Banks and Savings and Loan Accounts (Names and Addresses)

Description and license number of each vehicle

Stocks and Bonds (Name of company, number of shares, etc.)

Real Property (Brief descriptions and locations)

I certify that the above data is correct to the best of my knowledge.

Assumer's Name _____

Assumer's Address _____

Signature _____ Date _____

CORPORATION, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
A limited liability company or limited liability partnership)
_____) Secretary of State File Number
by (2) _____)
_____)
A corporation/limited liability company or limited liability partnership)
_____) Secretary of State File Number

organized or qualified to do business within the State of California, unconditionally agrees to file with the Franchise Tax Board all returns and data that is required and unconditionally agrees to pay in full all tax liabilities, penalties, interest and fees of (1) _____

_____ ;

(2) _____
Exact Corporate/Limited Liability Company or
Limited Liability Partnership Name

Signature and Title of Officer/Manager/Partner

State of _____

County of _____

On _____ before me, the undersigned, a Notary Public in
and for said State, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____
(typed or printed)

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